

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 17, 2009  
Secretary of State**

DOCUMENT# L05000036780

Entity Name: SHOWCASE INVESTMENT GROUP, LLC.

**Current Principal Place of Business:**

3087 NW BLITCHTON ROAD  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

3087 NW BLITCHTON ROAD  
OCALA, FL 34475

**New Mailing Address:**

FEI Number: 20-2903355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAUGHERTY, AMANDA L  
3087 NW BLITCHTON ROAD  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAUGHERTY, SHADD D  
Address: 4533 NW 78TH AVE  
City-St-Zip: Ocala, FL 34482

Title: MGRM ( ) Delete  
Name: DAUGHERTY, AMANDA L  
Address: 4533 NW 78TH AVE  
City-St-Zip: Ocala, FL 34482

Title: MGRM ( ) Delete  
Name: MICILCAVAGE, JOSEPH  
Address: 5188 NW 76TH COURT  
City-St-Zip: Ocala, FL 34482

Title: MGRM ( ) Delete  
Name: MICILCAVAGE, JOLENE C  
Address: 5188 NW 76TH COURT  
City-St-Zip: Ocala, FL 34482

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOLENE C. MICILCAVAGE

MGRM

01/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date